

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

ESTATE OF GREGORY WRIGHT, et al., CASE NO. 4:17-cv-02383-BYP

Plaintiffs

JUDGE BENITA Y. PEARSON

v.

AFFIDAVIT OF JANICE M. DOUGHTON

TRUMBULL COUNTY BOARD OF
COMMISSIONERS, et al.

Defendants

I, Janice M. Doughton, being first duly sworn according to law, deposes and states as follows:

1. Said attachments are all of the exact copies of the requested records of this facility of which affiant is the custodian;
2. The originals of said attachments were all prepared in the usual course of business of said facility;
3. The originals of said attachments were all prepared at or about the time of the events and conditions they record;
4. The originals of said attachments were all prepared and maintained by physicians and employees of said facility in the normal and usual manner that patient's records are prepared and maintained; and
5. Said attachments, totaling 10 pages, constitute the complete and exact copies of the records that are in the custody and possession of this facility regarding Gregory Leon Wright.

FURTHER AFFIANT SAYETH NAUGHT.

Janice M. Doughton
JANICE M. DOUGHTON

SWORN TO BEFORE ME and subscribed in my presence this 23 day of Oct, 2018.

Rachel L Baker
Notary Public



RACHEL L BAKER
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
03-07-2022

EXHIBIT H



Chief Forensic Investigator
Shelley Blazarsitz, R.N., ABMDI

Secretary
Janice M. Doughton, B.S.

Pathology Assistant
Sam McKinney, M.S.

HUMPHREY D. GERMANIUK, M.D.
Trumbull County Medical Examiner and Coroner
2831-B Youngstown Road, S.E. • Warren, Ohio 44484
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trumbullcountycoroner@co.trumbull.oh.us

Forensic Investigators

Kathleen Meszaros, R.N., ABMDI

Rebecca Bluedorn, R.N., ABMDI

Brenda T. Reeburn, R.N., ABMDI

August 18, 2017

Ms. Danova Barnes
1756 Sheridan Avenue
Warren, OH 44483

Dear Ms. Barnes,

Enclosed please find a copy of the autopsy, microscopic, toxicology and case reclassification report for your father, Gregory, as you requested in your letter of May 16, 2017.

Please accept our sincere condolences at this time and do not hesitate to contact our office with any questions.

Sincerely yours,

Janice M. Doughton

Janice M. Doughton
Trumbull County Medical
Examiner and Coroner's Office

c: file 17-112

TRUMBULL COUNTY CORONER AND MEDICAL EXAMINER
2931-B YOUNGSTOWN ROAD S.E.
WARREN, OHIO 44484

AUTOPSY REPORT

Case No. 17-112

Name Gregory Leon Wright Age 60 Race Black Sex Male

Address 1756 Sheridan Avenue NE, Warren, Ohio 44483

Date and Time Pronounced May 05, 2017 at 12:44 p.m.

Date and Time of Autopsy May 09, 2017 at 08:30 a.m.

CAUSE OF DEATH:

PROBABLE CARDIAC ARRHYTHMIA.

DUE TO:

PROBABLE HYPERTENSIVE CARDIOVASCULAR DISEASE.

MANNER OF DEATH:

NATURAL.

Date

August 17th, 2017

Humphrey D. Germaniuk, M.D.

Humphrey D. Germaniuk, MD
Forensic Pathologist
Trumbull County Coroner

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WRIGHT, Gregory Leon

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EXTERNAL EXAMINATION

The 6 foot, 0 to 6 foot, 1 inch body, estimated to weigh between 130 and 140 pounds, is that of a normally developed and somewhat cachectic, black male consistent with the stated age 60 years.

The scalp is intact and atraumatic. The underlying soft tissues and musculature are free of well-circumscribed, focal accumulations of blood.

The scalp is nearly clean shaven. Residual hair appears to be gray and measures less than 1/32 inch in length.

The ears are unremarkable.

The irides are brown and the pupils have a bilateral diameter of 0.2 cm. The bulbar and palpebral conjunctivae are free of petechiae or hyperemia.

The nose is intact and atraumatic.

The face is gaunt with sunken eyes. Facial hair consists of a black-gray beard on the chin. The face is atraumatic.

The oral cavity is free of blood, vomit or debris. The lips are free of bruising and the frenula are intact.

The upper dental arch is edentulous. The lower dental arch contains the native dentition anteriorly, which is in good condition with the posterior dentition being remotely absent.

The neck is intact and atraumatic. The underlying soft tissues and musculature are free of well-circumscribed, focal accumulations of blood and the hyoid bone is intact and not fractured.

The chest is symmetrical. The anterior chest is sunken.

The breasts are unremarkable.

The abdomen has a 9 1/2 inch linear surgical scar on the midline, which extends from 2 inches below the xiphoid process to the pubic region.

The external genitalia are intact and atraumatic.

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WRIGHT, Gregory Leon

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The wrists are free of transversely-oriented scars.

The right lower extremity has moderate cutaneous atrophy distally with numerous round-to-oval scars which measure 1/2 to 1/4 inch. The medial aspect of the right lower extremity distally, has a 4 x 3 1/4 inch area of hyperpigmentation. The medial distal left calf and ankle have a 4 x 1 1/2 inch cutaneous lesion. The lateral left hip has a 7 inch, sagittally-oriented surgical scar. The medial left thigh has a 2 1/2 inch, sagittally-oriented scar.

The back is intact and atraumatic.

EVIDENCE OF MEDICAL THERAPY

Defibrillator patches are on the chest. Electrocardiogram pads are on the lateral right arm and the medial left calf. There is an interosseous catheter in the proximal left humerus.

EVIDENCE OF INJURY

There is no evidence of injury.

INTERNAL EXAMINATION

The 375 gram heart has a smooth and shiny, tan-brown epicardial surface.

The major coronary arteries depart from the base of the aorta and follow their anatomic course. The left main, left anterior descending, circumflex and right coronary arteries are widely patent with minimal atheromatous streaking. There is no evidence of thrombosis.

The myocardium is homogeneously red-brown, firm and free of focal fibrosis or mottling. The left ventricular thickness ranges from 1.5 to 1.7 cm. The endocardium and trabeculae carneae are smooth and glistening. The valve leaflets and valve cusps are freely mobile and the chordae tendineae are delicate.

The orifices of the coronary arteries are free of obstruction.

The carotid arteries have mild atheromatosis. The aorta has mild atheromatosis proximally, which then progresses to moderate as one proceeds distally with several calcified and ulcerated plaques.

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WRIGHT, Gregory Leon

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The trachea and major bronchi are tan and free of obstruction.

The 375 gram right lung and 375 left lung have smooth and glistening, gray visceral surfaces with moderate anthracotic reticulation. The cut surface of both lungs is red-brown and spongy without edema or congestion. The bronchi are tan and free of obstruction. The pulmonary vasculature is free of thromboemboli or atheromatosis.

The 1,550 gram liver has a smooth and shiny, brown capsule. The parenchyma is homogeneously brown, soft and without evidence of obvious anomaly. The gallbladder contains approximately 100 cc of dark green, viscous bile. Within the gallbladder are two smooth, dark green calculi, the largest of which measures 1.9 x 1.6 x 0.6 cm. On cut section, both calculi have a crystalline center.

The 100 gram spleen has a slightly wrinkled, slate gray capsule. The parenchyma is homogeneously dark maroon, soft and without prominence of the lymphoid follicles. The major lymph node groups of the body are not enlarged.

The 125 gram right kidney and 125 gram left kidney have moderately granular and pitted surfaces. The parenchyma is homogeneously brown, soft and has a moderate reduction in the corticomedullary ratio. The calyces and pelves are unremarkable. The ureters are patent and not dilated. The bladder has a gray-tan mucosal surface and free of ulceration or hyperemia.

The right and left testes have gray-tan parenchyma and are free of focal fibrosis, nodularity or accumulations of blood. The prostate gland is gray-white, soft and not enlarged.

The 1,325 gram brain has translucent arachnoid membranes. There is no evidence of epidural, subdural or subarachnoid hemorrhage. The sulci and gyri are normally formed and do not appear flattened. The vasculature of the circle of Willis is free of aneurysm or atheromatosis. The ventricles are not dilated. The basal ganglia are symmetrical. The brainstem is free of blood.

The skull, after stripping of the dura, is free of fracture.

The vertebral column is unremarkable.

The esophageal serosa is pink-tan, smooth and unremarkable. The esophageal mucosa is gray and free of ulceration, varicosities or stricture.

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WRIGHT, Gregory Leon

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The stomach contains approximately 375 cc of dark red-brown, liquid-like material in which food cannot be identified. There is no evidence of tablets, pills or powdery substances. The underlying gastric mucosa does not reveal a point source of hemorrhage; however, there is some accentuation of the vasculature of the underlying mucosa.

The surfaces of the small and large intestine vary from tan to gray-tan and are smooth and glistening. The mucosal aspect of both the small and large intestine varies from tan to gray-tan and is free of ulceration, neoplasia or diverticula.

The pancreas is tan, soft and well lobulated. The adrenal glands are present bilaterally and have distinct corticomedullary junctions. The thyroid gland is red-brown, soft and free of focal fibrosis or nodularity. The pituitary gland is situated in the sella turcica and is not enlarged.

The surfaces of the pleural cavities are smooth and glistening. There is no evidence of rib fracture.

The peritoneal cavity has a shiny surface.

AUTOPSY FINDINGS

1. Cachexia.
2. Moderate cutaneous atrophy, distal right and left lower extremities.
3. Cutaneous lesion, medial distal left calf and ankle.
4. Left ventricular hypertrophy, heart.
5. Cholelithiasis.
6. Moderately granular and pitted kidneys.
7. Moderate reduction in the corticomedullary ratio, kidneys.
8. Accentuation of the gastric vasculature.

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WRIGHT, Gregory Leon

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CAUSE OF DEATH


PROBABLE CARDIAC ARRHYTHMIA.

DUE TO

PROBABLE HYPERTENSIVE CARDIOVASCULAR DISEASE.

MANNER OF DEATH

NATURAL.



Humphrey D. Germaniuk, MD
Forensic Pathologist,
Trumbull County Coroner

ADG/jmd

Office of the Medical Examiner and Coroner
Trumbull County

2931 Youngstown Road, S.E., Warren, Ohio 44484

Name WRIGHT, GREGORY Date 8/17/2017 Time AM Case # 17-112

MICROSCOPIC EXAMINATION

Heart – A representative section from the anterior left ventricular myocardium does not reveal any evidence of acute or chronic inflammatory cells, fibrosis or interstitial eosinophilia. Incidental nerve fibers are free of inflammation.

Lung – Representative sections from all lobes of both lungs reveal similar findings. There is some congestion of the vasculature. There is mild focal patchy emphysematous change. There is no evidence of acute or chronic inflammatory cell infiltrates. Some alveoli contain macrophages, at time numerous, most of which have brown pigment. The majority of the bronchi are patent and free of inspissated debris. Abundant deposits of black carbonaceous debris as well as occasional lymphoid aggregates are scattered about. There is no evidence of thromboemboli however; some of the small caliber vessels contain bone marrow emboli.

Liver – There is mild focal congestion and dilatation of the sinusoids; otherwise, unremarkable.

Kidney – A representative section from the right kidney reveals numerous unremarkable glomeruli only of which about less than 5% would be considered sclerotic. The tubules are unremarkable and free of casts. There is mild to moderate thickening of the vasculature. There are occasional mild to moderate focal accumulation of mononuclear cells within the interstitium which is otherwise is unremarkable.

Brain – A representative section from the parahippocampal region is unremarkable.

Stomach - There is mild fibrous thickening of the serosa which is otherwise unremarkable

MOC

COUNTY OF SUMMIT
FORENSIC TOXICOLOGY LABORATORY
85 NORTH SUMMIT STREET
AKRON, OHIO 44308-1948
330-643-2101

Lisa J. Kohler, M.D.
Chief Medical Examiner

Steve Perch, NRCC--Tox
Laboratory Director

Name	<u>Wright, Gregory</u>	Trumbull #	<u>17-112</u>
Date Rcvd.	<u>05/24/2017</u>	Date Rptd.	<u>07/13/2017</u>
Submitted By:	Trumbull County Coroner		
		SCME#	17T078
Specimen Type:	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Urine Other(Specify)	Blood (Red) Vitreous	Blood (Other) Gastric
Testing requested:	<input checked="" type="checkbox"/> Ethanol (Volatile panel) <input checked="" type="checkbox"/> Drug Screen Other (Specify)		
Comment:			

RESULTS

Ethanol : None Detected **% (Wt/Vol)** **Specimen Type :** Plasma

Drug Screen (Blood): Fentanyl = 1.8 ng/ml

Drug Screen (Urine): Fentanyl present, Δ9-Carboxy THC present

8/17/2017
MOU

Comment:

Tested For: **Volatiles:** Ethanol, Acetone, Methanol, Isopropanol **Urine:** Cocaine and metabolite, Propoxyphene and metabolite, PCP, Methadone, Barbiturates, Opiates, Amphetamines, Benzodiazepines, Tricyclic antidepressants, Cannabinoids, Salicylates. **Blood:** Urine positives confirmed, identified and quantitated.

Performed/Reviewed By: Steve Perch
 Steve Perch - Chemist

**Office of the Medical Examiner and Coroner
Trumbull County**

2931 Youngstown Road, S.E., Warren, Ohio 44484

CASE RECLASSIFICATION SHEET

Name: WRIGHT, GREGORY Date: 8/17/2017 Case # 17-112

Cause of Death: PROBABLE CARDIAC ARRHYTHMIA

Due to: PROBABLE HYPERTENSIVE CARDIOVASCULAR DISEASE

Contributory:

Manner of Death: NATURAL

How Incident Occurred:

Reason for Reclassification:

1. This 60 year old man was referred to the coroners office because there was insufficient medical history to account for his demise. As such, the case was pended for further studies in order to determine the cause of death, the manner of death and to clarify the circumstances surrounding this mans death.
2. There is nothing to support a diagnosis of homicide and no evidence to suggest suicide. In addition, there is no evidence of acute or recent trauma, thus making this a traumatic death either accidental or otherwise unlikely.
3. Toxicology is positive fror fentanyl in the blood. There level reported is below the lethal range thus making this a drug realted death unlikely.
4. Autopsy revealed an enlarged left chamber of the heat consistent with hypertensive cardiovascular disease. In addition, there was mild focal patchy emphysematous change in the lungs. Hypertensive cardiovascular disease is among the more common causes of enlarged left chambr of the heart. Individuals with enlarged left chambers are prone to irregular heart beats or arrhythmias.
5. Based upon all available knowledge and information at this time this individual probably died from an arrhythmia due to his underlying heart disease. In addition, there was some evidence of kidney disease and cachexia. With no evidence to the contrary, the manner of death is natural.

Medical Examiner

Anthony D. Geronzi, M.D. Date: August 17th, 2017